ma ... REQUEST FOR DISSEMINATION CHANGE OR CABLE REFERENCE SERVICE NAME OF REQUESTER TO: CABLE SECRETARIAT FROM: CABLE REFERENCE SECTION IA-53 HQS. EXT. 6159, TUBE ES-6 It is requested that the dissemination of be changed as indicated. ADD: Recall copies from: To: Change action from: Authorized by: NAME (type or print) In coordination with: _ NAME (type or print) Please furnish one copy of the cable described. I have have not made inquiry of the CS Records control system. IN/DIR NUMBER STATION NUMBER DATE SUBJECT SIGNATURE

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